

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2016 JUN 17 PM 2:44

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last) *Alexandro Rogelio DIAZ*
3. Address (include post office box or street, city, state, zip code) *16050 SW 61 LN
MIAMI, FLA. 33193*

4. Telephone *(305) 807-0145*
5. E-mail address *alexrdiaz7@aol.com*

6. Office sought (include district, circuit, group number)
Miami Dade County Community Council/Circuit 12 / sub area 112

7. If a candidate for a nonpartisan office, check if applicable:
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a
 Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer
Jennifer Diaz

11. Mailing Address *16050 SW 61 LN*
12. Telephone *(305) 807-2103*

13. City *Miami* 14. County *Miami Dade* 15. State *FLA* 16. Zip Code *33193* 17. E-mail address *Fivjenny03@aol.com*

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank *BANK of America*
20. Address *3025 NW 87 Ave*

21. City *Miami* 22. County *Miami Dade* 23. State *FLA* 24. Zip Code *33172*

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date *6/17/2016*
26. Signature of Candidate *X [Signature]*

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)
I, *Jennifer Diaz*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
6/17/2016 Date *X [Signature]* Signature of Campaign Treasurer or Deputy Treasurer

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Alexandro Diaz

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16050 SW 61 Ln
MIAMI, FLA. 33193

4. Telephone

(305) 807-0145

5. E-mail address

alexrdiaz7@aol.com

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Miami Dade County Community
Council / area 11 / sub area 112

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14. County

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25. Date

6/17/2016

26. Signature of Candidate

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Alexandro Diaz (Please Print or Type Name), do hereby accept the appointment

designated above as: Campaign Treasurer Deputy Treasurer.

6/17/2016 Date

Signature of Campaign Treasurer or Deputy Treasurer